



# Volunteer Application – please print clearly

\_\_\_\_\_  
Last Name First Name Date

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

E-Mail  Preferred contact means E-Mail 2

T-Shirt Size: Sm  Med  Lg  XL  XX  XXX

Organization, Employer or Service Group (If Any)

Available Days (Check all that apply): Sun  Mon  Tues  Wed  Thurs  Fri  Sat

**Criminal Background Checks:** The Kids Sports Network & Spurs Sports & Entertainment will conduct criminal background checks on all Fan Fiesta Volunteers.

*I authorize the Kids Sports Network to conduct a criminal background check on me and understand that certain resulting information may prohibit me from volunteering. I understand that I may review my criminal history report and will be afforded an opportunity to clarify anything on my record if there is something I dispute.*

\_\_\_\_\_  
Print your name (as it appears on you driver's license) Social Security Number Date of Birth

*(Note: Your social security number (SSN) is confidential and will only be used for the purpose of verifying background check information. Your SSN is required by KSN. You will NOT be considered as a volunteer unless it is included. If you prefer, you can leave that space blank and call us immediately after faxing the form and we will fill it in for you.)*

*I agree to be a volunteer for Kids Sports Network. I understand that volunteering may require a degree of physical fitness, and I attest that I am in good health and able to safely participate in the required activity(s). I hereby forever waive any and all rights for claims or damages I may have against Kids Sports Network, H-E-B, AT&T Center, the Spurs Sports & Entertainment and its sponsors, the San Antonio Spurs Foundation, the National Basketball Association, American Hockey League, Women's National Basketball Association and all their respective officers, directors, subsidiaries, agents and employees of the league for any and all injuries, losses, claims, damages, demands, liabilities, actions or causes of action sustained by me as a result of my participating as a volunteer.*

**I UNDERSTAND THAT NEITHER THE SPURS SPORTS AND ENTERTAINMENT NOR KIDS SPORTS NETWORK PROVIDES INJURY OR LIABILITY INSURANCE FOR VOLUNTEERS AND THAT IT IS MY RESPONSIBILITY TO DETERMINE WHAT, IF ANY, INSURANCE I NEED TO CARRY.**

**I UNDERSTAND THIS WAIVER WILL APPLY TO OTHER KSN VOLUNTEER EVENTS AND TO THE OTHER ORGANIZATION'S KSN PARTNERS WITH FOR THESE EVENTS.**

**I HEREBY VERIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THE ABOVE DOCUMENT AND ACKNOWLEDGE SAME BY MY SIGNATURE HERETO. (Applicants must be over 16 years old, if 16 or 17 years of age, a parent or guardian must co-sign below and the applicant must work with a sponsor, parent or guardian.)**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Parent/Guardian Signature (if volunteer is under 18 years old)

\_\_\_\_\_  
Relationship to Volunteer

*Thanks for volunteering! Our main notification process is by email with follow-up by phone. In addition, we will email you with any future KSN volunteer opportunities. If you no longer desire to receive emails regarding volunteer opportunities, simply reply to the email with your request.*

**Note:** This form must be submitted before you can work an event, Do not email form. Fax or mail this completed form to: Kids Sports Network, 8206 Roughrider Suite 104, San Antonio, TX 78239 - Fax (210) 646-9977. [www.ksnusa.org/volunteer.htm](http://www.ksnusa.org/volunteer.htm)